

PUTNAM COUNTY EMERGENCY MEDICAL SERVICES

270 CARLEN DRIVE
COOKEVILLE, TN 38501
PHONE (931) 528-1555 FAX (931) 372-0295

**NARCOTIC USAGE RECORD
AFTER HOURS**

DATE OF USAGE: _____

RUN NUMBER: _____

PATIENT NAME: _____

ORDERING PHYSICIAN: _____

DRUG NAME: _____

QUANTITY USED: _____ MG

QUANTITY WASTE: _____ MG

REASON ADMINISTERED: C/P ORTHO SEIZURE RSI

BOX NUMBER: _____ (ENGRAVED IN THE HANDLE)

PARAMEDIC THAT ADMINISTER THE DRUG:

PRINT SIGN

DRUGS LEFT IN BOX

{☐ MS ☐MS ☐ MS} {☐ Demerol ☐ Demerol} {☐ Valium ☐ Valium} {☐ carpjact}
{☐ Versed ☐ Versed} {☐ Zofran ☐ Zofran}

DATE DROPPED IN DROP BOX: ____/____/____

WITNESS TO DROP: _____

COMPLETE THIS FORM AND DROP WITH THE BOX. IF YOU DO
THIS IT IS NOT NECESSARY TO PERSONALLY SEE THE
SUPERVISOR TO REPACK.